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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Tia A. Carter
Art Unit: 2626

DATE: May 18, 2005

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:


RE: U.S. Patent Application Serial No.: 09/548,024, Our Ref. 81800.0121

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

May 18, 2005
Date of Deposit


Sheila Goldner

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 2626

CLIENT NUMBER: 81800.0121

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (571) 272-7461 (please return fax to Sheila Goldner)

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T-214 P.002/013 F-982

FORM PTO-1083

MAY 18 2005

81800.0121
Patent Application No. 09/548,024

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masashi EGUCHI

Serial No: 09/548,024

Filed: April 12, 2000

For: NETWORK FACSIMILE DEVICE AND
COMMUNICATION METHOD THEREFOR

Art Unit: 2626

Examiner: Tia A. Carter

I hereby certify that this correspondence
is being transmitted via facsimile to
(703) 872-9306:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on
May 18, 2005
Date of Deposit
Sheila Goldner
Name
Sheila Goldner
Signature
Date 05/18/05

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	2	.	3	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
Independent Claims: 1 and 14					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: May 18, 2005

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
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FORM PTO-1083

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